

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SA HA	STT 858	4/26/01 6/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

_____ Rejected N _____ Non-elected
 _____ Allowed I _____ Interference
 (Through numeral) _____ Canceled A _____ Appeal
 _____ Restricted O _____ Objected

2-26-01

Claim	Date
1	1-2-01
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Best Available Copy

If more than 150 claims or 10 actions
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